



Contact Information

Please complete the following address information.

Name of Charity: _____

Contact Name: _____

Title/Role: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Phone Number: _____

Contact E-mail: _____

Charitable donation number (if applicable): _____

What is the primary focus of your organization?

Tell us about your event or activity or sponsorship request:

What kind of support are you seeking?

When will the event be occurring? _____

When did Service Drug last contribute to your group? _____

How will Service Drug donation be recognized?

Are you a United Way member Agency? ___ Yes ___ No

Are Service Drug employees involved in your organization? ___ Yes ___ No

While all requests will be responded to, please note that due to the large number of requests for donations we receive, Service Drug must limit its support to those opportunities most consistent with the company's giving priorities.

Please Mail To

Service Drug of Midland ATTN: Comptroller
708 W. Shaurbauer Dr.
Midland, Texas 79705